

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization: American Dental Association

D Employer identification number: 36-0724690

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 211 East Chicago Avenue Room/suite:

E Telephone number: (312) 440-2500

City or town, state or province, country, and ZIP or foreign postal code: Chicago, IL 606112637

G Gross receipts \$ 165,895,410

F Name and address of principal officer: DR RAYMOND A COHLMIA DDS, 211 East Chicago Avenue, Chicago, IL 606112637

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

J Website: ▶ www.ada.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1859 **M** State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Professional association of dentists that fosters the success of diverse membership advances the oral health of the public.

2 Check this box <input type="checkbox"/>	
3 Number of voting members of the governing body (Part VI, line 1a)	3 20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 471
6 Total number of volunteers (estimate if necessary)	6 450
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 10,868,154
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 2,430,166

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,552,645	2,195,053
9 Program service revenue (Part VIII, line 2g)	100,536,132	103,091,810
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,560,365	6,808,494
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,948,308	26,680,486
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,597,450	138,775,843
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,336,964	8,409,119
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	65,960,715	65,259,715
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,648,639	68,571,694
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	124,946,318	142,240,528
19 Revenue less expenses. Subtract line 18 from line 12	13,651,132	-3,464,685

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	257,052,700	218,687,093
21 Total liabilities (Part X, line 26)	85,109,986	74,074,810
22 Net assets or fund balances. Subtract line 21 from line 20	171,942,714	144,612,283

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2023-10-16

Paul Sholty, Chief Financial Officer
Type or print name and title

Paid Preparer

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name: ▶ CROWE LLP

Check if self-employed PTIN: P01342224

Firm's EIN: ▶ 35-0921680

Use Only

Firm's address 225 West Wacker Drive Suite 2600 Chicago, IL 606061224

Phone no. (312) 899-7000

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:

The ADA is the professional association of dentists committed to the public's oral health, ethics, science, and professional advancement; leading a unified professional through initiatives in advocacy, education, research, and the development of standards.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) Build a community for a professional association of over 176,000 dentists by developing and promoting member value, recruiting and retaining members, fostering collaborative tripartite network (national, state, local) provide leadership development, advance diversity and inclusion, and position ADA as America's leading advocate for oral health.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Promoting high quality and effective processes for dental education, dental licensure and credentialing. This is accomplished through monitoring and disseminating information on dental education and licensure issues and conducting studies. There are also ongoing liaison activities with related organizations which also serve dental education and licensure including the recognized dental specialty certifying boards, sponsoring organizations, and allied dental organizations. ADA seeks to improve the quality of continuing education available for dentists. ADA accredited 1,611 education programs and nearly 44,557 individuals sat for certifying exams.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) Develop and produce ADA's annual meeting which includes scientific programs, general audience programs, and hands-on workshops for dentists and their staff. There are also special events such as the distinguished speaker series and keynote address for attendees of the annual session. There is a technical exhibition (ADA World Marketplace) for attendees to experience and test dental products and services for use in their dental practices. Due to the continuing Covid-19 pandemic in 2022, there were in person/virtual annual meeting. There were 9,905 attendees in person & virtually, receiving 23,099 hours of continuing education, and 558 booths/exhibits in the ADA World Marketplace. Also included, is ADA as the premier dental education provider by providing a continuing education program throughout the year that is comprehensive and integrated.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 0

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Part IV Checklist of Required Schedules

Table with 10 rows and 3 columns: Question, Yes, No. Contains checklist items regarding organizational structure, lobbying, and asset management.

11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	Yes

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No

d	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	501		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	471			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				

have excess business holdings at any time during the year:				
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
			20
b	Enter the number of voting members included in line 1a, above, who are independent		20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	

12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 Paul Sholty 211 East Chicago Avenue Chicago, IL 606112637 (312) 440-2516

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) Dr Cesar R Sabates DDS President (Oct 2021-Oct 2022)	13.0 0	X		X			289,026	0	29,344
(2) Dr David J Manzanara DDS Second VP (Oct 2022-Oct 2023)	10.0 0	X		X			0	0	0
(3) Dr George R Shepley DDS President-Elect (Oct 21-Oct 22)/President (Oct 2022-Oct 2023)	10.0 0	X		X			326,034	0	0
(4) Dr Linda J Edgar DDS Trustee (Oct 2018-Oct 2022).President-Elect (Oct 2022-Oct 2023)	10.0 0	X		X			148,306	0	0
(5) Dr Maria C Maranga DDS First VP (Oct 21-Oct 22)	12.0 0	X		X			63,769	0	0
(6) Dr Brendan P Dowd DDS Trustee (Oct 2022-Oct 2026)	10.0 0	X					0	0	0

(7) Dr Brett Kessler DDS Trustee (Oct 2019-Oct 2023)	10.0 0	X									80,531	0	0
(8) Dr Chad R Leighty DDS Trustee (Oct 2020-Oct 2024)	11.0 0	X									61,680	0	0
(9) Dr Craig S Armstrong DDS Trustee (Oct 2019-Oct 2023)	10.0 1.0	X									82,053	0	0
(10) Dr Frank J Graham DMD Trustee (Oct 2021-Oct 2025)	10.0 0	X									56,607	0	0
(11) Dr Gary R Oyster DDS Trustee (Oct 2020-Oct 2024)	11.0 0	X									58,875	0	0
(12) Dr James D Stephens DDS Trustee (Oct 2018-Oct 2022)	10.0 0	X									83,985	0	0
(13) Dr James M Boyle DDS Trustee (Oct 2021-Oct 2025)	10.0 0	X									62,678	0	0
(14) Dr John E Hisel DDS Trustee (Oct 2022-Oct 2026)	10.0 0	X									0	0	0
(15) Dr Karin Irani DDS Trustee (Oct 2022-Oct 2026)	10.0 0	X									0	0	0
(16) Dr Marshall H Mann DDS Trustee (Oct 2021-Oct 2025)	10.0 0	X									78,883	0	0
(17) Dr Michael D Medovic DDS Trustee (Oct 2020-Oct 2024)	11.0 0	X									84,344	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) Dr Michele M Tulak-Gorecki DDS Trustee (Oct 2021-Oct 2025)	10.0 1.0	X						80,427	0	0
(19) Dr Paul R Leary DMD Trustee (Oct 2018-Oct 2022)	10.0 0	X						62,718	0	0
(20) Dr Randall C Markarian DMD Trustee (Oct 2022-Oct 2026)	10.0 0	X						0	0	0
(21) Dr Richard J Rosato DMD Trustee (Oct 2019-Oct 2023)	10.0 0	X						58,634	0	0
(22) Dr Rudolph T Liddell DMD Trustee (Oct 2020-Oct 2024)	11.0 0	X						60,083	0	0
(23) Dr Scott L Morrison DDS Trustee (Oct 2020-Oct 2024)	11.0 0	X						81,854	0	0
(24) Dr Susan B Doroshow DDS Trustee (Oct 2018-Oct 2022)	10.0 0	X						61,957	0	0
(25) Dr Terry Fiddler DDS Trustee (Oct 2019-Oct 2023)	10.0 0	X						79,394	0	0
(26) Dr James E Lee DMD New Dentist Committee Chair (Oct 2022-Oct 2023)	10.0 0			X				0	0	0
(27) Dr Mark E Bronson DDS Second VP (Oct 2021-Oct 2022)/First VP (Oct 2022-Oct 2023)	10.0 0			X				53,483	0	0
(28) Dr Raymond A Cohlmlia DDS Executive Director and Secretary	40.0 1.0			X				609,227	0	88,143
(29) Dr Seth A Walbridge DMD New Dentist Committee Chair (Oct 2021-Oct 2022)	10.0 0			X				60,516	0	0
(30) Dr Ted Sherwin DDS	10.0 0									

Treasurer	28.0			X				61,612	0	0
(31) Dr William M Donald DMD	6.0			X				41,903	0	0
Speaker of the House	40.0			X				325,795	0	113,724
(32) Paul S Sholty	10.0									
Chief Financial Officer	40.0			X				271,318	0	60,976
(33) Anthony Frankos	40.0			X				367,435	0	80,563
VP, Sales Strategy & Product Development	40.0			X				307,070	0	69,350
(34) Anthony J Ziebert DDS	40.0			X				379,205	0	72,279
SVP - Education/Prof. Affairs	40.0			X				466,416	0	47,662
(35) April D Kates-Ellison	40.0			X				315,768	0	70,743
Chief Client Svcs & Tripartite Relations Officer	40.0			X				393,957	0	74,792
(36) David M Preble DDS	40.0			X				330,743	0	52,522
Chief Strategy Officer & Sr. VP, Practice Institute	40.0			X				340,662	0	92,408
(37) Dr Marcelo W Araujo DDS	40.0			X				388,119	0	55,134
ADA Chief Science Officer/ADAF CEO	40.0			X				346,948	0	124,198
(38) Elizabeth A Shapiro DDS	40.0			X				406,101	0	70,975
Chief of Gov & Strategy Mgmt	40.0			X				351,860	0	76,507
(39) James S Goodman	40.0			X				325,352	0	69,389
Chief Business Strategy & Product Portfolio Officer	40.0			X				279,968	0	53,860
(40) Jordan G Baugh	40.0			X				265,533	0	47,010
Chief Technology Officer	40.0			X				245,101	0	30,202
(41) Judith E Fleeks	40.0			X				266,475	0	56,034
Chief Human Resources Officer	40.0			X				223,610	0	65,070
(42) Marko Vujicic PHD	40.0			X				333,780	0	41,499
Chief Economist/VP, HP Institute	10.0									
(43) Mr Michael A Graham	40.0			X						
SVP - Govt & Public Affairs	40.0			X						
(44) Robert Quashie	40.0			X						
Chief Operating Officer	40.0			X						
(45) Scott W Fowkes	40.0			X						
General Counsel	40.0			X						
(46) Stephanie L Moritz	40.0			X						
Chief Customer Innovation Officer	40.0			X						
(47) Suzanne M Ebert	40.0			X						
VP, Dental Practice & Relationship Mgmt	40.0				X					
(48) Catherine H Mills	40.0				X					
VP - Business & Conference	40.0				X					
(49) Krishna Aravamudhan	40.0				X					
VP, Practice Institute	40.0				X					
(50) Michelle L Hoffman	40.0				X					
VP, Publishing	40.0				X					
(51) Pamela Von Lehmden	40.0				X					
VP Intregrated Mktg & Brand Experience	40.0				X					
(52) Timothy R Steffl	40.0				X					
Former President & CEO ADABIG/Term 6/18/22	40.0				X					

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,719,795	0	1,542,382

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 194**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Capgemini America Inc 400 Broadacres Drive Bloomfield, NJ 07003156	Technology Services	9,827,585
PROMETRIC LLC PO BOX 223608 PITTSBURGH, PA 152512608	Testing Services	4,784,551
NCS PEARSON 13036 COLLECTION CENTER DRIVE CINCINNATI, OH 45240	Testing Services	1,664,876

CHICAGO, IL 60693

FREEMAN DECORATING COMPANY

5230 EISENHOWER AVENUE
ALEXANDRIA, VA 22304

APTIFY CORPORATION

PO Box 737451
Dallas, TX 753737451

Marketing & Event Planning

1,631,487

Association Management Software Services

1,253,643

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 75

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, gifts, grants, and membership dues				
1c Other amounts from fundraising events				
1d Related organizations	995,144			
1e Government grants (contributions)	326,926			
1f All other contributions, gifts, grants, and similar amounts not included above	872,983			
1g Noncash contributions included in lines 1a - 1f.				
h Total. Add lines 1a-1f	2,195,053			

2a	Membership Dues	Business Code				
			(A)	(B)	(C)	(D)
		900099	57,977,025	57,977,025		
	Testing Service Revenue	541900	32,703,317	30,665,261	2,038,056	
	Publications	541800	5,886,322	12,515	5,873,807	
	Meetings & Seminars	900099	6,349,236	6,349,236		
	Rental Income	532000	175,910		175,910	
			0	0	0	0
f	All other program service revenue.					
g Total.	Add lines 2a-2f.		103,091,810			

3	Investment income (including dividends, interest, and other similar amounts)		4,361,132			4,361,132
4	Income from investment of tax-exempt bond proceeds					
5	Royalties		15,061,387		2,014,558	13,046,829
6a	Gross rents	(i) Real	6,747,082			
		(ii) Personal				
		6b	Less: rental expenses	3,899,214		
6c	Rental income or (loss)		2,847,868	0		
d	Net rental income or (loss)		2,847,868			2,847,868
7a	Gross amount from sales of assets other than inventory	(i) Securities	24,587,062			
		(ii) Other				
7b	Less: cost or other basis and sales expenses		22,139,700			

Other Revenue	Gain or (loss)	7c	2,447,362	0			
	d Net gain or (loss)				2,447,362		2,447,362
	l Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a		5,527,573			
	b Less: cost of goods sold	10b		1,080,653			
	c Net income or (loss) from sales of inventory				4,446,921		4,446,921
	11a Program Maintenance	Business Code	900099	1,362,387		18,387	1,344,000
b Insurance Reimbursement		524298	852,254		558,561	293,693	
c Sponsorship and Display Advertising Revenue		541800	188,875		188,875		
d All other revenue			1,920,794	0	0	1,920,794	
e Total. Add lines 11a-11d			4,324,310				
12 Total revenue. See instructions			138,775,843	95,004,037	10,868,154	30,708,599	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,409,119			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,676,519			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B)				
7 Other salaries and wages	42,286,201			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,762,265			
9 Other employee benefits	6,225,289			
10 Payroll taxes	3,309,441			
11 Fees for services (non-employees):				
a Management				
b Legal	702,857			
c Accounting	536,549			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	236,385			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,675,309			

12	Advertising and promotion	4,738,448		
13	Office expenses	9,039,081		
14	Information technology			
15	Royalties	1,561,408		
16	Occupancy	4,449,455		
17	Travel	4,629,262		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	4,099,626		
20	Interest			
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	5,673,382		
23	Insurance	683,030		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			
a	Test Administration Fees	6,618,945		
b	Outside Services	12,153,164		
c	Stipends/Honoraria	752,422		
d	Income & Sales Tax Expense	773,100		
e	All other expenses	3,249,271		
25	Total functional expenses. Add lines 1 through 24e	142,240,528		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).			

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Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	9,378	1	24,651
	2	Savings and temporary cash investments	3,258,368	2	3,420,242
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,093,260	4	11,855,132
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,066,147	8	1,169,205
	9	Prepaid expenses and deferred charges	4,204,760	9	5,112,028
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	181,640,831		
	b	Less: accumulated depreciation	143,165,186	10c	38,475,645
	11	Investments—publicly traded securities	184,515,128	11	147,789,298
	12	Investments—other securities. See Part IV, line 11	4,724,967	12	2,551,235
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,218,861	15	8,289,657
16	Total assets. Add lines 1 through 15 (must equal line 33)	257,052,700	16	218,687,093	
Liabilities	17	Accounts payable and accrued expenses	48,170,544	17	42,046,189
	18	Grants payable		18	
	19	Deferred revenue	14,599,733	19	14,953,485
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0

Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	22,339,709	25	17,075,136
	26	Total liabilities. Add lines 17 through 25	85,109,986	26	74,074,810
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	168,238,838	27	138,963,027
	28	Net assets with donor restrictions	3,703,876	28	5,649,256
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	171,942,714	32	144,612,283
	33	Total liabilities and net assets/fund balances	257,052,700	33	218,687,093

Form 990 (2022)

Form 990 (2022)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	138,775,843
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,240,528
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,464,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	171,942,714
5	Net unrealized gains (losses) on investments	5	-27,304,879
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,439,133
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	144,612,283

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

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Software Version: 2022v5.0

Form 990 Special Condition Description:

Form 990, Special Condition Description.

Special Condition Description

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization American Dental Association

Employer identification number 36-0724690

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Name of organization American Dental Association

Employer identification number 36-0724690

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a checkbox for 'Person'.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization American Dental Association	Employer identification number 36-0724690
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$ _____	_____
-		\$ _____	_____
-		\$ _____	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization American Dental Association	Employer identification number 36-0724690
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			

Schedule B (Form 990) (2022)

Additional Data

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Software ID: 22016089
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SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of the organization (American Dental Association) and Employer identification number (36-0724690)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions
3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Table with 3 columns: Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.), (a) Filing organization's totals, (b) Affiliated group totals

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members

1	Dues, assessments and similar amounts from members	1	31,911,929
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	2,290,000
b	Carryover from last year	2b	0
c	Total	2c	2,290,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	4,058,392
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5	Taxable amount of lobbying and political expenditures. See Instructions	5	-1,768,392

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part III-B Lobbying Activities	To stay on top of federal issues that affect dentistry and the public's oral health, the ADA maintains a staff of legislative and policy experts close to Capitol Hill. Proximity, experience and representation of the vast majority of dentists make the ADA uniquely effective in lobbying for the dental profession. Many other critical issues are decided by legislators and regulators at the state level. Although the ADA does not lobby at the state level, we do provide expertise and resources to help state dental societies create and effectively pursue their own policy agendas. At both the federal and state levels of government, we constantly monitor legislation and, when appropriate, engage in the debate, fighting for laws and regulations that matter to dentists and the patients they serve.

Schedule C (Form 990) 2022

Additional Data

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Software ID: 22016089
Software Version: 2022v5.0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (American Dental Association) and Employer identification number (36-0724690)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor information and fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Year (sub-table with 2a-2d). Includes questions 1-9 regarding conservation easement details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Table with 3 columns: Line number, Description, and Amount. Includes question 3 regarding collection items.

Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,755,056	12,584,804	11,316,595	9,928,901	11,356,209
b Contributions	0	250	412,474	200	150
c Net investment earnings, gains, and losses	-2,160,792	1,585,452	1,413,508	1,926,947	-769,896
d Grants or scholarships	641,966	415,330	557,773	539,400	527,736
e Other expenditures for facilities and programs					129,248
f Administrative expenses		120		53	578
g End of year balance	10,952,298	13,755,056	12,584,804	11,316,595	9,928,901

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 5.28 %
- b Permanent endowment ▶ 85.06 %
- c Term endowment ▶ 9.66 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,742,113		3,742,113
b Buildings		106,653,815	91,174,383	15,479,432
c Leasehold improvements		13,015,327	7,330,771	5,684,556
d Equipment		58,229,576	44,660,032	13,569,544
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				38,475,645

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4c
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			2e
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			4c
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The ADA's related organization, the American Dental Association Foundation, has endowment funds that support access to care and educational activities as well as charitable financial assistance. Net Assets related to the Foundation endowments are donor restricted funds, classified and reported based upon the donor-imposed restrictions or per court order.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Deferred taxes are established for temporary differences between the financial reporting basis and the tax basis of assets and liabilities. Deferred taxes are based upon enacted tax rates, which would apply during the period which taxes become payable or recoverable, and the adjustment of cumulative deferred taxes for any changes in the tax rate. The Association accounts for uncertain tax positions in accordance with ASC Topic 740, Income Taxes. ASC Topic 740 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under ASC Topic 740, the Association must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. ASC Topic 740 also provides guidance on derecognition, classification, interest, and penalties on income taxes and accounting in interim periods and accounting in interim periods and requires increased disclosures. As of December 31, 2022, there was no liability related to uncertain tax positions for federal and state income taxes.

Schedule D (Form 990) 2022

Additional Data

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Software ID: 22016089
 Software Version: 2022v5.0

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization American Dental Association

Employer identification number 36-0724690

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance...
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other).

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.
3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Table with 8 columns: (a) Type of grant or assistance, (b) Region, (c) Number of, (d) Amount of, (e) Manner of cash, (f) Amount of, (g) Description, (h) Method of.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (American Dental Association) and Employer identification number (36-0724690)

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 26 rows of grant data.

Organization Name	State	Organization ID	501(c)(3) Status	Assets	Liabilities	Net Assets	Support Type
ASSOCIATION 8901 HERRMANN DR COLUMBIA, MD 21045							
(27) MASSACHUSETTS DENTAL SOCIETY 2 WILLOW STREET SOUTHBOROUGH, MA 01745027	MA	04-1590155	501(c)(6)	158,505			public support
(28) MICHIGAN DENTAL ASSOCIATION 3657 OKEMOS ROAD SUITE 100 OKEMOS, MI 48864	MI	38-1300483	501(c)(6)	5,000			public support
(29) MINNESOTA DENTAL ASSOCIATION 1335 INDUSTRIAL BLVD MINNEAPOLIS, MN 55413	MN	41-0418600	501(c)(6)	88,091			public support
(30) MISSISSIPPI DENTAL ASSOCIATION 439 Katherine Drive Flowood, MS 39232	MS	23-7104321	501(c)(6)	98,191			public support
(31) MISSOURI DENTAL ASSOCIATION 3340 American Ave Jefferson City, MO 65109	MO	43-1133855	501(c)(6)	61,500			public support
(32) MONTANA DENTAL ASSOCIATION PO BOX 1154 HELENA, MT 59624	MT	81-0169605	501(c)(6)	36,000			public support
(33) NEVADA DENTAL ASSOCIATION 8863 W Flamingo Road Las Vegas, NV 89147	NV	88-0099382	501(c)(6)	220,912			public support
(34) NEW JERSEY DENTAL ASSOCIATION 1 Dental Plaza North Brunswick, NJ 08902	NJ	21-0606618	501(c)(6)	81,028			public support
(35) NEW MEXICO DENTAL ASSOCIATION 9201 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87111	NM	85-0122362	501(c)(6)	106,112			public support
(36) NEW YORK STATE DENTAL ASSOCIATION 20 Corporate Woods Blvd Albany, NY 12211	NY	14-1434154	501(c)(6)	69,227			public support
(37) NORTH CAROLINA DENTAL SOCIETY 1600 Evans Road Cary, NC 27615	NC	56-0608781	501(c)(6)	5,617			public support
(38) NORTH DAKOTA DENTAL ASSOCIATION 1720 Burnt Boat Drive Bismarck, ND 58503	ND	45-6014875	501(c)(6)	234,000			public support
(39) OHIO DENTAL ASSOCIATION 1370 DUBLIN ROAD Columbus, OH 43215	OH	31-4361266	501(c)(6)	7,500			public support
(40) OREGON DENTAL ASSOCIATION 8699 SW Sun Place Wilsonville, OR 97070	OR	93-0243383	501(c)(6)	154,420			public support
(41) PENNSYLVANIA DENTAL ASSOCIATION 3501 N Front Street PO Box 3341 Harrisburg, PA 17105	PA	23-0961120	501(c)(6)	102,619			public support
(42) RHODE ISLAND DENTAL ASSOCIATION 875 Centerville Commons Bldg 4 Warwick, RI 02886	RI	05-0374154	501(c)(6)	47,659			public support
(43) SUFFOLK COUNTY DENTAL SOCIETY 150 Motor Parkway Hauppauge, NY 11788	NY	11-2606777	501(c)(6)	9,992			public support
(44) TENNESSEE DENTAL ASSOCIATION 60 BAKERS BRIDGE AVENUE Franklin, TN 37067	TN	62-0419454	501(c)(6)	5,062			public support
(45) TEXAS DENTAL ASSOCIATION 1946 S INTERSTATE 35 Austin, TX 78704	TX	75-0608460	501(c)(6)	32,900			public support
(46) UTAH DENTAL ASSOCIATION 1568 South 500 West Woods Cross, UT 84010	UT	87-0266455	501(c)(6)	40,560			public support
(47) VERMONT STATE DENTAL SOCIETY 1 KENNEDY DRIVE SOUTH BURLINGTON, VT 05403	VT	22-2514423	501(c)(6)	75,013			public support
(48) VIRGINIA DENTAL ASSOCIATION 3460 Maryland Court Richmond, VA 23233	VA	54-0697647	501(c)(6)	15,000			public support
(49) WASHINGTON STATE DENTAL ASSOCIATION 1001 4th Ave Seattle, WA 98154	WA	91-0750294	501(c)(6)	218,254			public support
(50) ADA Foundation 211 E Chicago Ave Chicago, IL 60611	IL	36-6132046	501(c)(3)	357,012			public support
(51) ADA BUSINESS INNOVATION GROUP 211 E Chicago Ave Chicago, IL 60611	IL	83-2668449	501(c)(6)	2,128,539			public support
(52) GIVE KIDS A SMILE INC 10-A Worthington Access Drive Maryland Heights, MO 63043	MO	20-1287939	501(c)(3)	20,000			public support
(53) The University of Texas Health Science Center at Houston 7000 Fannin St Houston, TX 77030	TX	74-1761309	501(c)(3)	20,000			public support

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	10
3	Enter total number of other organizations listed in the line 1 table	43

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					

(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	American Dental Association grants are usually given in accordance with established agreements regarding specific purposes. Detailed reporting of monies spent is obtained for the grant to the ADA Foundation but not typically required for other grants. The association awards grants based on a case by case review. Criteria and templates have been established for the grants to state dental associations.

Schedule I (Form 990) 2022

Additional Data

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Software ID: 22016089
Software Version: 2022v5.0

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organization American Dental Association

Employer identification number 36-0724690

Part I Questions Regarding Compensation

Form with questions 1a through 9 regarding compensation, including checkboxes for travel, housing, and other benefits, and a Yes/No grid.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Rows include Dr Cesar R Sabates, Dr George R Shepley, Dr Raymond A Cohlma, Paul S Sholy, Dr Marcelo W Araujo, Robert Quashie, James S Goodman, Marko Vujicic, David M Preble, Anthony J Ziebert, and Scott W Fowkes.

12 Mr Michael A Graham	(i)	330,175	4,500	12,273	90,452	33,746	471,146	0
SVP - Govt & Public Affairs	(ii)	0	0	0	0	0	0	0
13 Judith E Fleeks	(i)	326,031	4,200	10,431	69,678	22,730	433,070	0
Chief Human Resources Officer	(ii)	0	0	0	0	0	0	0
14 Jordan G Baugh	(i)	319,637	2,500	8,606	38,522	14,000	383,265	0
Chief Technology Officer	(ii)	0	0	0	0	0	0	0
15 Stephanie L Moritz	(i)	316,260	4,200	4,892	35,643	33,746	394,741	0
Chief Customer Innovation Officer	(ii)	0	0	0	0	0	0	0
16 Elizabeth A Shapiro DDS	(i)	300,224	1,200	14,344	49,212	21,531	386,511	0
Chief of Gov & Strategy Mgmt	(ii)	0	0	0	0	0	0	0
17 April D Kates-Ellison	(i)	301,306	1,200	4,564	46,619	22,730	376,420	0
Chief Client Svcs & Tripartite Relations Officer	(ii)	0	0	0	0	0	0	0
18 Suzanne M Ebert	(i)	245,014	33,700	1,254	32,881	20,979	333,828	0
VP, Dental Practice & Relationship Mgmt	(ii)	0	0	0	0	0	0	0
19 Anthony Frankos	(i)	260,215	1,500	9,603	38,246	22,730	332,295	0
VP, Sales Strategy & Product Development	(ii)	0	0	0	0	0	0	0
20 Timothy R Steffl	(i)	160,208	0	173,572	24,822	16,677	375,279	0
Former President & CEO ADABIG/Term 6/18/22	(ii)	0	0	0	0	0	0	0
21 Michelle L Hoffman	(i)	258,341	0	8,134	46,731	9,302	322,509	0
VP, Publishing	(ii)	0	0	0	0	0	0	0
22 Catherine H Mills	(i)	259,491	0	6,042	37,708	9,302	312,543	0
VP - Business & Conference	(ii)	0	0	0	0	0	0	0
23 Krishna Aravamudhan	(i)	238,353	5,700	1,048	30,202	0	275,303	0
VP, Practice Institute	(ii)	0	0	0	0	0	0	0
24 Pamela Von Lehmden	(i)	213,810	2,450	7,350	31,325	33,746	288,680	0
VP Integrated Mktg & Brand Experience	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	Companion travel is considered a taxable benefit and subject to tax. The tax associated with this benefit is also included in the individuals' 1099 or Form W-2. Executive Director; Former ADA President ; 2 Officers; 16 Trustees.
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Companion travel is considered a taxable benefit and subject to tax. The tax associated with this benefit is also included in the individuals' 1099 or Form W-2. The individuals receive gross up payments to cover their added tax burden for companion travel. Executive Director; Former ADA President; 2 Officers; 16 Trustees.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	As part of the Executive Director's employment contract, the Executive Director was reimbursed for membership in an athletic club. The tax associated with this benefit is also included in the individuals' Form W-2.
Schedule J, Part I, Line 4a Severance or change-of-control payment	Timothy Steffl was term in June 2022 and starting to receive severance in July 2022 for one year - \$171K for 2022 fiscal year.

Schedule J (Form 990) 2022

Additional Data

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Software ID: 22016089
Software Version: 2022v5.0

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization
American Dental Association

Employer identification number

36-0724690

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	All ADA members have the right to vote and elect representatives to the ADA House of Delegates ("HOD") through their local and/or state dental association in a national tripartite governance structure. The United States and its territories are divided into 17 districts. Each district elects a trustee to the board who serves a 4 year term. The ADA HOD is the primary legislative body of the ADA which meets annually and elects the officers of the Board of Trustees.
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The nature of the voting rights of members is described above from Part VI, Line 6. Elections are held on an annual basis for each level of governance.
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The "House of Delegates" is separate from the governing Board of Directors and must approve both the budget and any changes to the organization's BYlaws.
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	There is no committee with broad authority to act on behalf of the governing body.
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 was reviewed by management prior to filing, Financial Information was compared to the organization's books and records. Responses to questions and additional information was reviewed for appropriateness. Additionally, the Form 990 was provided to the Audit Committee of the Board of Trustees as well as all members of the Board of Trustees prior to filing.
Form 990, Part VI, Line 12c Conflict of interest policy	There is an annual review of the conflict of interest policy. Board members and employees at the director level and above are required to sign the conflict of interest disclosure from each year. In-house legal counsel collects and reviews responses and determines necessary action if any. Individuals who have a disclosed conflict recuse themselves from discussion, and do not vote if there is a direct conflict.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The human resources division obtains comparability data on executive director annual salary increases every 3 to 5 years and monitors a comprehensive compensation program. This process was last undertaken in 2021 for the executive director.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	On an annual basis, the compensation committee of the board of trustees determines and reviews the compensation of the officers and members of the board of trustees while the executive director determines and reviews the compensation of key employees. Employees' salaries are made available to the board of trustees for examination upon request and any deliberations or decisions based on the review is documented in the board minutes. The human resources department reviews comparability data on annual salary increases every 3 to 5 years and monitors a comprehensive compensation program.
Form 990, Part VI, Line 19 Required documents available to the public	The American Dental Association makes its governing documents, conflict of interest policy or financial statements available upon request.
Form 990, Part VIII, Line 5 Royalties	ADA entered into a journal publishing agreement to publish, promote, and distribute The Journal of the American Dental Association (JADA). The amount that the Publisher pays to ADA is primarily related to advertising revenue from the publication.

Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	CMIRP Reimbursement - Total Revenue: 684883, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 684883; Other - Total Revenue: 1235911, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 1235911;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Investment in Sub - -4302273; Pension Related Changes other than Net Periodic Costs - 7741406;

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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Software Version: 2022v5.0

efile Public Visual Render	Objectid: 202342899349301859 - Submission: 2023-10-16	TIN: 36-0724690
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization American Dental Association	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2022</div> Open to Public Inspection
	Name of the organization American Dental Association	

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ADA Science and Research Institute LLC 211 E Chicago Ave Chicago, IL 606112637 84-4338889	Scientific Information and Research	IL	1,706,728	5,132,176	American Dental Association

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ADA Foundation 211 East Chicago Avenue Chicago, IL 606112637 36-6132046	Grant Making	IL	501(c)(3)	9	American Dental Association	Yes	
(2) ADPAC Education Fund 1111 14th Street NW Suite 1100 Washington, DC 20005 90-0038675	Seg. Fund	DC	527		NA		No
(3) AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE 1111 14th Street NW Suite 1100 Washington, DC 20005 52-0913198	Seg. Fund	DC	527		NA		No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ADA Business Enterprises Inc 211 East Chicago Avenue Chicago, IL 606112637 36-3679743	Financial Services	IL	American Dental Association	C Corporation	-203,632	2,420,460	100 %	Yes	
(2) ADA Business Innovation Group 541 N Fairbanks CT FL 22nd FL Chicago, IL 606112637 83-2668449	Dental Practice Matching Service	IL	American Dental Association	C Corporation	-2,794,513	-65,101	100 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s).
c Gift, grant, or capital contribution from related organization(s).
d Loans or loan guarantees to or for related organization(s).
e Loans or loan guarantees by related organization(s).
f Dividends from related organization(s).
g Sale of assets to related organization(s).
h Purchase of assets from related organization(s).
i Exchange of assets with related organization(s).
j Lease of facilities, equipment, or other assets to related organization(s).
k Lease of facilities, equipment, or other assets from related organization(s).
l Performance of services or membership or fundraising solicitations for related organization(s).
m Performance of services or membership or fundraising solicitations by related organization(s).
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
o Sharing of paid employees with related organization(s).
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses.
r Other transfer of cash or property to related organization(s).
s Other transfer of cash or property from related organization(s).

Table with 2 columns: Yes, No. Rows 1a-1s.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows 1-7.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with 11 columns: (a) Name, address, and EIN of entity, (b) Primary activity, (c) Legal domicile, (d) Predominant income, (e) Are all partners section 501(c)(3) organizations?, (f) Share of total income, (g) Share of end-of-year assets, (h) Disproportionate allocations?, (i) Code V-UBI amount, (j) General or managing partner?, (k) Percentage ownership.

